EXHIBIT 2 HUH

DATE 2-13-09

<u>Testimony on HB 292: An Act allowing a health care provider to presente or dispense medication without an examination for a sexual partner of a patient diagnosed with a sexually transmitted disease</u>

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Statement to the House Human Services Committee regarding House Bill 292, "An Act allowing a health care provider to prescribe or dispense medication without an examination for a sexual partner of a patient diagnosed with a sexually transmitted disease": February 13, 2009.

Madame Chair, Members of the Committee, my name is Steven Helgerson (H-E-L-G-E-R-S-O-N). I am the State Medical Officer.

I am here to support this bill for one key reason: there is substantial evidence that the practice authorized by this bill can have an important impact on the control of sexually transmitted infections caused by *Chlamydia trachomatis* and *Neisseria gonorrhoeae*. (These infections are commonly called chlamydia and gonorrhea.)

Chlamydia and gonorrhea are the most frequently reported reportable diseases in the United States and in Montana. In 2007, 1.1 million cases of chlamydia and 350,000 cases of gonorrhea were reported in the U.S. and 2736 cases of chlamydia and 122 cases of gonorrhea in Montana. Both infections are treatable. However, when untreated, both can cause severe, long-lasting complications in women and men, fetuses and newborns.

The treatment strategy to control these infections involves treatment of persons who have been diagnosed, <u>and</u> treatment of the sex partners of these diagnosed cases. This strategy curtails further transmission of these infections and prevents reinfection of treated cases by untreated partners. Unfortunately, partners often go untreated when it is necessary to both contact these partners and get them to come to a physician's office or a clinic to be treated.

In recent years substantial evidence has accumulated to support an alternate approach for providing treatment to sex partners of persons with diagnosed chlamydia or gonorrhea. This approach relies on the diagnosed case to deliver the indicated treatment (or prescription for the treatment) to their partner(s). The well documented benefit of this approach is a 20 to 30 percent reduction in the reinfection rate of cases. From the public health as well as the individual case perspective, this reduction is a very desirable contribution to the control of these infections.

House Bill 292 provides the authority necessary for physicians (and physician assistants and advanced nurse practitioners) to practice science-based contemporary medicine. It authorizes modern public health practice in Montana. Therefore, I strongly support passage of this bill.

Madame Chair, I appreciate the opportunity to share this information with you and the Committee.